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12a. DISTRIBUTION / AVAILABILITY STATEMENT Approved for Public Release; Distribution Unlimited				12b. DISTRIBUTION CODE
13. Abstract (Maximum 200 Words) <i>(abstract should contain no proprietary or confidential information)</i> Motivational interviewing (MI) is a brief counseling method that has been shown to reduce alcohol abuse and alcohol-related problems. This project focuses on the training of Air Force behavioral health providers in the motivational interviewing method, with behavioral coding to assess the success and cost-effectiveness of the training. In addition, this project will assess the impact of such enhanced training on the overall level of alcohol-related events. Initial human subjects approval has been obtained from all three oversight agencies for this study (UNM, Ft. Detrick and Wilford Hall) and revision of protocol and consent forms to satisfy all three agencies is now in progress. The behavioral coding system that forms the outcome measure for this study has been pilot-tested and coders have been trained to reliability. Systems for managing data and securing confidentiality of the data have been implemented.				
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Table of Contents

Cover.....	1
SF 298.....	2
Introduction.....	4
Body.....	4
Key Research Accomplishments.....	5
Reportable Outcomes.....	5
Conclusions.....	6
References.....	6
Appendices.....	6

INTRODUCTION

Motivational interviewing (MI) is a brief counseling method that has been shown to reduce alcohol abuse and alcohol-related problems. The method is well-suited for use in response to alcohol-related incidents on US military bases, where such incidents routinely lead to individual screening and evaluation. With assistance from the USAF Surgeon General's office, we will identify bases willing to participate, and will randomly assign bases to one of three conditions: (1) Self-directed training via manuals and training tapes; (2) MI workshop training for base personnel who counsel airmen with alcohol-related incidents; or (3) Enhanced MI workshop training, including individual performance feedback and coaching. Participating base personnel will provide audio-taped practice samples of their counseling before and after training, and at follow-up periods 4, 8 and 12 months later. These tapes will be analyzed using a well-developed coding system to identify competence in MI practice. It is predicted that effective training of base behavioral health personnel in MI will result in a reduction in the frequency of alcohol-related incidents and associated negative consequences on base. This study will evaluate that hypothesis, and will further determine the relative cost-effectiveness of the training methods in producing MI competence in practice. It is predicted that reductions in alcohol-related incidents will be most evident on bases where the trained behavioral health personnel showed good acquisition of the MI method in their practice.

BODY

The primary research accomplishments for this study in year one are related to the progress of the human subjects review process. To this end, we have completed successful review from three Human Subject's Review Boards: University of New Mexico, Ft. Detrick (Surgeon General's Human Subject's Research Review Board) and Wilford Hall (Air Force Human Subjects Review Board). We are now in the process of refining the protocol reviewed by each of the three boards to a single document and consent form for final approval. In the course of this process, the investigators have been successful in establishing a procedure allowing the oversight of minimal risk protocols through a single AF Institutional Review Board (Wilford Hall) instead of using multiple, regional IRB's. This is a first-time-ever agreement for behavioral research and represents a substantial benefit to future behavioral researchers. Although the difficulties with human subject's approval have delayed the onset of the study, the added benefit of not having to obtain separate approvals at regional AF IRB's means that we should be able to complete this study within the original timeline.

In anticipation of final Human Subjects approval by all three oversight boards, we have scheduled our first training for January 20-24, 2003 and have reserved space for this training in Santa Fe, New Mexico. We have ascertained the interest level of potential participants in the research protocol and have received feedback showing high potential interest in the project.

We have also made substantial progress in our objectives related to the behavioral coding system that will generate the outcome measures for this project. We have refined the

coding system using data from other projects. In addition, we have hired and trained our coders to acceptable reliability for 38 different behavioral categories. We are ready to begin coding tapes as soon as they are generated for the first workshop.

We have also hired critical personnel in the Air Force Surgeon General's Office and helped to develop new research capabilities and processes there. For example, we learned how to obtain security clearance and computer access for non-contract personnel working in a military environment for this project.

Finally, we have implemented and field-tested the bar-code scanning system for insuring accountability of audiotapes from the time they are received in Washington until they are destroyed at the end of this project.

KEY RESEARCH ACCOMPLISHMENTS

Hired and trained project personnel

Implemented and field-tested bar coding system to insure accountability of confidential audiotapes

Worked with the Air Force Surgeon General's Office to adapt the protocol and Informed Consent document to the needs of the AF, which required input from multiple parties and multiple levels of the organization.

Worked with the Air Force Biomedical Research Regulatory Division to establish procedures allowing the oversight of minimal risk protocols through a single oversight IRB, instead of multiple regional IRB's. This is a crucial step in easing the research process in the Air Force, making it easier for civilian researchers to do behavioral research in the Air Force.

Helped develop new research capabilities in the Air Force Surgeon General's Office including recruitment and clearance of non-military personnel.

Developed plans and procedures for interacting with different levels in the organization of the Air Force including Surgeon General's Office, the Medical Operations Agency, the Biomedical Research Regulatory Division, Major Commands, and surveyed Commanders at the base, group, squadron and unit level to ascertain potential interest level for participating in the research project.

REPORTABLE OUTCOMES

None Yet

CONCLUSIONS

None Yet

REFERENCES

None yet

APPENDICES

None Yet